

Systems of Care Walk-through Exercise

James is returning home from an out-of-state treatment facility and he and his family have agreed to care coordination services. Briefly describe how your team would approach their work with James and his family:

- **Pre-transition home**
 - **At transition**
 - **Post-transition home**
 - **In a crisis**
 - **In coordination with his home school**
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16-year-old James has been in a residential treatment center in Kansas for 6 months. It is his third residential treatment service in the past three years. The reasons for this admission include:

- Problem behavior in the home—verbal and physical aggression, destroying property, staying out all night
- Problem behavior/behind in school—James is in the 10th grade in regular education classes. At admission he was failing all of his courses mainly due to tardiness, absenteeism and failing to hand in homework. He was on the football team in the 9th grade, but did not make the team in the 10th grade.
- James' behavior problems at school first appeared at about age 6. Teachers have often described him as oppositional and disruptive but neither his behavior nor his poor academic performance has qualified him for special education programming. There has been question off and on about attention deficit disorder but a trial of psychostimulant medication only seemed to make him more moody and irritable. The few friends he has at school have also tended to have severe behavior problems.
- Substance use—primarily alcohol, marijuana and tobacco. There is a correlation between his behavior in the home and his substance use. He has had referrals to substance abuse treatment agencies.
- Threats of suicide—James has made statements about harming himself for the past two years. He denies suicide attempts, but his mother reports that he is very reckless and shows poor judgment (like driving at high speeds, climbing on the roof of the house) and puts himself and others at risk when he is angry.

- James has been involved with various mental health services, including in-home/remedial programming, since mid-childhood. He has had both psychological and psychiatric evaluations. He saw one therapist for several years but achieved only variable benefit. He demonstrated positive attachments to some of the individuals providing remedial care but they tended to leave their employment often for positions with better pay and benefits thus resulting in disruptions in service for him and the family.
- James' aggression and suicidal threats have necessitated calls to law enforcement. The police have transported James to a nearby hospital emergency room on multiple occasions. James has sometimes been admitted to the local hospital psychiatric unit but has also had to transfer to other hospitals due to lack of bed availability. Most of his stays in the hospital have been fairly brief. He has been discharged to home but also to two different shelters, one at some distance from his family, once to foster care and once to a mental health institute. He is usually relatively manageable in the hospital but during his last stay he required restraint. He has been treated with a wide variety of psychiatric medications. His compliance has been fair at best and he has seen numerous psychiatric providers who have changed his treatment regimen frequently.
- One of James' previous residential treatment facilities admissions, both of which were in Iowa, occurred after a stay in foster care. He was not successful there because he defied the foster parents, threatened a younger child and would not attend his new school. The other placement was made by a hospital social worker. In both facilities, he had bouts of agitation and destructive behavior and was noncompliant with rules. He was discharged from the second and hospitalized after setting a fire. That hospitalization was extended while the social worker searched fruitlessly for an Iowa facility that would accept someone with his history. Eventually, an exception to policy was obtained and he was placed at the facility in Kansas.

When at home, James usually lives with his mother and younger sister who is now 13. His 20 yr old brother, Jared, lives with a friend and is working and taking courses at a community college. James' mother works outside of the home and has a rotating schedule that includes some 2nd, 3rd and weekend shifts. She describes a strained relationship with her parents and sister who live nearby. She has some friends at work and in the neighborhood, but says they are tired of listening to her talk about James—"they just can't relate" and they don't think James should come home from the residential center.

James' father lives in the area but contact is sporadic. James' parents were only briefly married and James does not have memories of them being together.

His maternal uncle committed suicide when James was 13 and while James did not spend a lot of time with him, he was shocked and angry about his death.

In the residential treatment center, James is prescribed Lithium for “mood stabilization”. James has asthma and when living at home was inconsistent in taking daily medication (Advair) and carrying a rescue inhaler. He was in the emergency department twice last summer because of difficulty breathing. James behavior in the program has been inconsistent with periods of doing well and gaining full privileges and then losing it all in the course of a couple of hours of anger and losing control.

James wants to go home. James’ mother wants him to be home but is concerned that he will return to his old ways of behaving despite his promises to do better. James’ mother visits and attends family therapy once each month and talks to James and the facility social worker at least weekly.